

CLAIMS ONLY.

Application Number

10/7/5, 952

"Filling" Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED 7/10/09 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | May be used for additional claims or amendments | | | | | |
|---------------|---------------------|--------|-----------------------|--------|------------------------|--------|---|--------|--------|--------|--------|--|
| | Indep. | Depend | Indep. | Depend | Indep. | Depend | | Indep. | Depend | Indep. | Depend | |
| 1 | X | | | | | | | | | | | |
| 2 | X | | | | | | | | | | | |
| 3 | X | | | | | | | | | | | |
| 4 | X | | | | | | | | | | | |
| 5 | X | | | | | | | | | | | |
| 6 | X | | | | | | | | | | | |
| 7 | X | | | | | | | | | | | |
| 8 | X | | | | | | | | | | | |
| 9 | X | | | | | | | | | | | |
| 10 | X | | | | | | | | | | | |
| 11 | X | | | | | | | | | | | |
| 12 | X | | | | | | | | | | | |
| 13 | X | | | | | | | | | | | |
| 14 | X | | | | | | | | | | | |
| 15 | X | | | | | | | | | | | |
| 16 | X | | | | | | | | | | | |
| 17 | X | | | | | | | | | | | |
| 18 | X | | | | | | | | | | | |
| 19 | X | | | | | | | | | | | |
| 20 | X | | | | | | | | | | | |
| 21 | X | | | | | | | | | | | |
| 22 | X | | | | | | | | | | | |
| 23 | X | | | | | | | | | | | |
| 24 | X | | | | | | | | | | | |
| 25 | X | | | | | | | | | | | |
| 26 | X | | | | | | | | | | | |
| 27 | X | | | | | | | | | | | |
| 28 | X | | | | | | | | | | | |
| 29 | X | | | | | | | | | | | |
| 30 | X | | | | | | | | | | | |
| 31 | X | | | | | | | | | | | |
| 32 | X | | | | | | | | | | | |
| 33 | X | | | | | | | | | | | |
| 34 | X | | | | | | | | | | | |
| 35 | X | | | | | | | | | | | |
| 36 | X | | | | | | | | | | | |
| 37 | / | | | | | | | | | | | |
| 38 | / | / | | | | | | | | | | |
| 39 | / | / | | | | | | | | | | |
| 40 | / | / | | | | | | | | | | |
| 41 | / | / | | | | | | | | | | |
| 42 | / | / | | | | | | | | | | |
| 43 | / | / | | | | | | | | | | |
| 44 | / | / | | | | | | | | | | |
| 45 | / | / | | | | | | | | | | |
| 46 | / | / | | | | | | | | | | |
| 47 | / | / | | | | | | | | | | |
| 48 | / | / | | | | | | | | | | |
| 49 | X | | | | | | | | | | | |
| 50 | X | | | | | | | | | | | |
| Total Indep. | | | | | | | | | | | | |
| Total Depend. | | | | | | | | | | | | |
| Total Claims | | | | | | | | | | | | |

| | Indep. | | Depend | | Indep. | | Depend | |
|----|--------|--------|--------|--------|--------|--------|--------|--------|
| | Indep. | Depend | Indep. | Depend | Indep. | Depend | Indep. | Depend |
| 51 | X | | | | | | | |
| 52 | X | | | | | | | |
| 53 | X | | | | | | | |
| 54 | X | | | | | | | |
| 55 | X | | | | | | | |
| 56 | X | | | | | | | |
| 57 | X | | | | | | | |
| 58 | X | | | | | | | |
| 59 | X | | | | | | | |
| 60 | X | | | | | | | |
| 61 | / | | | | | | | |
| 62 | / | / | | | | | | |
| 63 | / | / | | | | | | |
| 64 | / | / | | | | | | |
| 65 | / | / | | | | | | |
| 66 | | | | | | | | |